Honolulu Museum of Art

900 S. Beretania Street
Honolulu, HI 96814

808.532.8700
honolulumuseum.org

MEMBERSHIP

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Member ID#

☐ Gift Membership *(complete next panel)*

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Basic	☐ $30
Supporting	☐ $100
Contributing	☐ $350
Collectors	☐ $1,000

Member Information

☐ Mr. ☐ Mrs. ☐ Ms.

_____
Primary Member Name

☐ Mr. ☐ Mrs. ☐ Ms.

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Second Card Holder Name (for Supporting level and above only)

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Address

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City *State* *Zip*

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Please submit completed form by mail to:
Honolulu Museum of Art
Attn: Donor Services
900 S. Beretania Street
Honolulu, HI 96814

Questions?
Phone 808.532.8724 (Mon – Fri)
Email donorservices@honolulumuseum.org

GIFT MEMBERSHIP

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City *State* *Zip*

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Home Phone *Business Phone*

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E-mail

PAYMENT SUMMARY

Membership	$ _____
Gift Membership	$ _____
Annual Fund donation	$ _____
Total Amount Enclosed	$ _____

☐ Cash ☐ Check (payable to **Honolulu Museum of Art**)
☐ American Express ☐ Discover
☐ Master Card ☐ Visa

_____
Card Number

_____
Exp. Date *Security Code*

_____
Signature